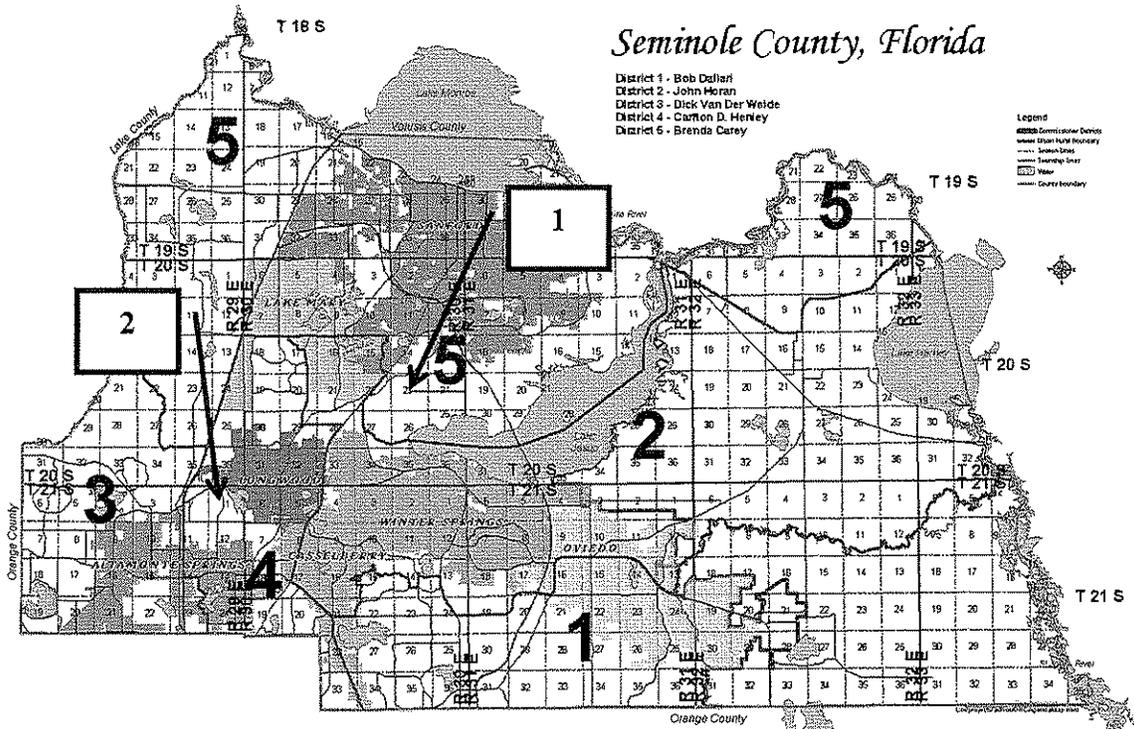


# SEMINOLE COUNTY GOVERNMENT

1101 EAST FIRST STREET  
SANFORD, FLORIDA 32771  
(407) 665-7331

[www.seminolecountyfl.gov](http://www.seminolecountyfl.gov)

**To:** Applicants, Staff and Interested Parties  
**From:** Growth Management Department, Planning & Development Division  
**Subject:** DEVELOPMENT REVIEW COMMITTEE MEETING FOR WEDNESDAY 04/13/2011



County staff and applicants will review the following items on the above date at the time schedule below. The meeting will be held in **Room #3024** on the second floor of the County Services Building.

<b>ITEM NO: 1</b>	<b>PZ - REZONE (EXCL PUD/PCD)</b>	<b>PROJ NO 11-20000002</b>	<b>TIME 9:00AM</b>
<b>PROJECT NAME</b>	<b>LAKE AVE - AKA FLYNN RESIDENCES REZONE</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER (407) 665-7337</b>
<b>APPLICANT</b>	JAMES T. FLYNN III	MARCELA D. FLYNN	(407) 331-8581
<b>PROJECT DESC</b>	REZONE 1.337 ACRES FROM PUD TO A-1		
<b>LOCATION</b>	EAST SIDE OF LAKE AVENUE AT SOUTHERN END OF ROAD		
<b>PARCEL ID</b>	25-20-30-300-012C-0000		
<b>BCC DISTRICT</b>	5-CAREY		

<b>ITEM NO: 2</b>	<b>DR - SUBDIVISIONS</b>	<b>PROJ NO 11-05500002</b>	<b>TIME 9:40AM</b>
<b>PROJECT NAME</b>	<b>PRESERVE AT ISLAND LAKE – PSP (PRELIMINARY SUBDIVISION PLAN)</b>	<b>PROJECT MANAGER</b>	<b>BRIAN WALKER (407) 665-7337</b>
<b>APPLICANT</b>	JACK REYNOLDS	312 FOREST AVE	407-262-9176
<b>PROJECT DESC</b>	PRELIMINARY SUBDIVISION APPROVAL FOR A 12 LOT RESIDENTIAL COMMUNITY ZONED R-1AA ON 10.68 ACRES		
<b>LOCATION</b>	NORTH END OF SUNNILAND AVE		
<b>PARCEL ID</b>	01-21-29-300-005B-0000		
<b>BCC DISTRICT</b>	4-HENLEY		

Notice to Applicant: A copy of the staff comments and recommendations will be faxed to the Applicant and the Consultant **by 12:00 noon on the Tuesday before the scheduled meeting**. If you have any questions, please contact Development Review at (407) 665-7331. **If you intend to have an attorney present, please notify your project manager before meeting date.**

After review of the comments, the applicant may not need to meet with the staff in a group. If so, please contact Development Review so the agenda may be adjusted accordingly.

Thank you.

**SEMINOLE COUNTY PLANNING & DEVELOPMENT DEPARTMENT**



PLANNING DIVISION  
 1101 EAST FIRST STREET,  
 SUITE 2201  
 SANFORD, FL 32771  
 (407) 665-7450 PHONE  
 (407) 665-7385 FAX

APPL NO. Z2011-009  
 PROJ NO. 11-20000002  
 FLUA NO. \_\_\_\_\_

**APPLICATION TO THE SEMINOLE COUNTY  
 PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY AND BOARD OF COMMISSIONERS**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency and Board of County Commissioners shall include all applicable items listed in the Application Submittal Checklist. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

<b>APPLICATION SUBMITTAL CHECKLIST:</b>	<b>**THIS BOX FOR STAFF USE ONLY**</b>
<input type="checkbox"/> COPY OF PRE-APPLICATION REVIEW INFORMATION, IF APPLICABLE	
<input type="checkbox"/> PROPERTY OWNER PRINTOUT FROM PROPERTY APPRAISER'S WEBSITE ✓	
<input type="checkbox"/> PROPERTY OWNER'S AUTHORIZATION FORM (ADDITIONAL DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION) ✓	
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM ✓	
<input type="checkbox"/> SCHOOL IMPACT ANALYSIS (CONTACT SCHOOL BOARD FOR APPLICATION)	
<input type="checkbox"/> CONCURRENCY APPLICATION/DEFERRAL AFFIDAVIT AND FEE IF REQUIRED \$ <u>Deferred per Customer</u>	
<input type="checkbox"/> BOUNDARY SURVEY (2 COPIES) X	
<input type="checkbox"/> ELECTRONIC LEGAL DESCRIPTION IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY) X	
<input type="checkbox"/> PUD/PCD FINAL MASTER/SITE PLAN REQUIRES A DRAFT DCA IN DIGITAL WORD FORMAT (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, R-4 AND MYRTLE STREET CONSERVATION VILLAGE REQUIRES <u>16</u> FULL-SIZE SETS OF SITE PLANS OR MASTER PLANS AND AN <u>11" X 17"</u> PDF FILE (COMPACT DISK OR EMAIL ONLY)	
<input type="checkbox"/> APPLICATION FEE \$ <u>1577.00</u>	
<b>SIGNATURE OF STAFF PROJECT MANAGER CERTIFYING THAT THE APPLICATION IS SUFFICIENT</b>	

**APPLICATION TYPE - PLEASE CHECK ALL THAT APPLY**

- LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PLANNED DEVELOPMENT AMENDMENT TO EXISTING PD (LS/SSFLUA) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

*[NOTE: ATTACHMENT "A" AND ALL SUPPORT MATERIALS MUST BE SUBMITTED FOR LAND USE AMENDMENTS ABOVE]*

- REZONING (WITHOUT SITE PLAN) FROM: PUD TO: A1
- REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- PUD/PCD MAJOR AMENDMENT
- PUD/PCD MINOR AMENDMENT
- PUD FINAL MASTER PLAN
- DEVELOPMENT OF REGIONAL IMPACT NOPC
- MYRTLE STREET CONSERVATION VILLAGE

MAR 18 2011  
 DEVELOPMENT REVIEW  
 Updated May 2009 - 1

PROPERTY OWNER / AUTHORIZED AGENT INFORMATION		
	PROPERTY OWNER	AUTHORIZED AGENT *
NAME	JAMES T. FLYNN III MARCELA D. FLYNN	
IF THE OWNER IS A CORPORATION OR TRUST/GIVE THE NAME AND TITLE OF THE PERSON WHO CAN LEGALLY SIGN ON BEHALF OF THE CORPORATION AND PROVIDE DOCUMENTATION THAT THEY HAVE LEGAL AUTHORITY :		
ADDRESS	736 RIVER BOAT ORLANDO, FL 32828	
PHONE 1	407-331-8581	
PHONE 2		
FAX	407-331-3993	
E-MAIL	HOOT@ITSAHOOT.COM	
If you have a consultant that is not listed on the application and you would like us to contact them directly and give them the DRC comments, provide their contact information on a separate sheet, otherwise any questions and/or comments will be directed to the property owner or authorized agent listed above.		

\* Proof of property owner's authorization is required with submittal if signed by authorized agent.

NAME AND PHONE NUMBER OF PERSON WHO WILL POST PLACARD James T. Flynn

PROJECT INFORMATION	
PROJECT NAME	Flynn Residences
SITE ADDRESS	6101 LAKE AVE, Sanford, FL 32773
BCC DISTRICT	5-Carey 88
EXISTING USE(S)	VACANT LAND
PROPOSED USE(S)	
PROPERTY ID NUMBER(S)	25-20-30-300012C-0000
SIZE OF PROPERTY	1.237 acres
GENERAL LOCATION	E. Side FLAKE AVE AT SOUTHERN END OF ROAD.
SOURCE OF WATER	Well
SOURCE OF SEWER	Septic
RECLAIM PROVIDER	

CONCURRENCY REVIEW MANAGEMENT SYSTEM (PLEASE CHECK ONE)

<p>I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PCD Final Site Plan/PCD Final Site Plan Amendment may not defer.</p>		
<p>I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past (two years) as identified below: (Please attach a copy of the Certificate of Vesting or Test Notice.)</p>		
<p><b><u>TYPE OF CERTIFICATE:</u></b></p> <p>VESTING:</p> <p>TEST NOTICE:</p>	<p><b><u>CERTIFICATE NUMBER:</u></b></p> <p>CV- _____</p> <p>_____</p>	<p><b><u>DATE ISSUED:</u></b></p> <p>_____</p> <p>_____</p>
<p>Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.</p>		

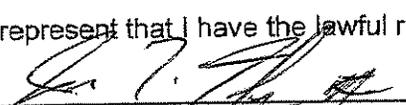
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on the subject property at a location(s) to be determined by County staff.

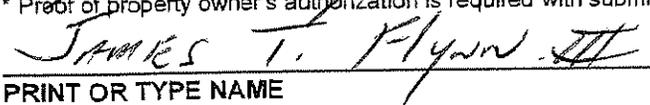
I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments to the official zoning map, official Future Land Use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.


3/17/11  


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**SIGNATURE OF AUTHORIZED APPLICANT\*** **DATE**  
\* Proof of property owner's authorization is required with submittal if signed by someone other than the property owner.  
  


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**PRINT OR TYPE NAME**

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM  
(ORIGINAL ONLY)**

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I JAMES T. FLYNN #, the fee simple owner of the following  
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) \_\_\_\_\_  
25-20-30-300-12C-0000

hereby petition Seminole County to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map (circle one or more) from PUD to A2 and affirm that \_\_\_\_\_

\_\_\_\_\_ is hereby designated to act as my / our authorized agent and to file the attached application for the stated amendment and make binding statements and commitments regarding the amendment request.

JAMES T. FLYNN #  
Owner's Name

Marcela Daryl Flynn  
Owner's Name

[Signature]  
Owner's Signature

[Signature]  
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this 17<sup>th</sup> day of March, 2011.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared James T. Flynn & Marcela D. Flynn is personally known to me or who has produced N/A has identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17<sup>th</sup> day of March, 2011.

Melvine L. Miller-Smith  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: \_\_\_\_\_



SEMINOLE COUNTY  
**APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a (check one)

- Individual                       Corporation                       Land Trust  
 Limited Liability Company     Partnership  
 Other (describe): \_\_\_\_\_

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER
JAMIES T. Flynn III	136 RIVER BOAT, Orlando, FL 32828	407-331-8581
MARCELA P. Flynn	"	"

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, or partnership, provide the information required for those entities in paragraphs 2, 3, and/or 4 above.

Name of Purchaser: \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

Date of Contract: \_\_\_\_\_

Please specify any contingency clause related to the outcome of the consideration of the application.

- 6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
- 7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosure herein.

Date 3/17/11

[Signature]  
Owner, Agent, Applicant Signature

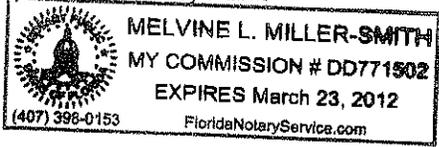
STATE OF FLORIDA  
COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me this 17 day of March, 20 11 by James T. Flynn, III

[Signature]  
Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known  OR Produced Identification N/A  
Type of Identification Produced N/A



**For Use by Planning & Development Staff**

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

<p><b>PARCEL DETAIL</b></p> <p>DAVID JOHNSON, CFA, ASA  <b>PROPERTY APPRAISER</b>          SEMINOLE COUNTY FL          1101 E. FIRST ST          SANFORD, FL 32771-1468          407-665-7506</p>																																						
<p align="center"><b>GENERAL</b></p> <p>Parcel Id: 25-20-30-300-012C-0000          Owner: FLYNN JAMES &amp; MARCELA          Own/Addr:          Mailing Address: 1800 CROWN WAY          City,State,ZipCode: ORLANDO FL 32804          Property Address:          Facility Name:          Tax District: 01-COUNTY-TX DIST 1          Exemptions:          Dor: 9930-ACREAGE WATERFRONT</p>	<p align="center"><b>VALUE SUMMARY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">VALUES</th> <th style="text-align: center;">2011 Working</th> <th style="text-align: center;">2010 Certified</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Value Method</td> <td style="text-align: center;">Cost/Market</td> <td style="text-align: center;">Cost/Market</td> </tr> <tr> <td style="text-align: center;">Number of Buildings</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Depreciated Bldg Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Depreciated EXFT Value</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Land Value (Market)</td> <td style="text-align: center;">\$75,460</td> <td style="text-align: center;">\$36,960</td> </tr> <tr> <td style="text-align: center;">Land Value Ag</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Just/Market Value</td> <td style="text-align: center;">\$75,460</td> <td style="text-align: center;">\$36,960</td> </tr> <tr> <td style="text-align: center;">Portability Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Save Our Homes Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Amendment 1 Adj</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Assessed Value (SOH)</td> <td style="text-align: center;">\$75,460</td> <td style="text-align: center;">\$36,960</td> </tr> </tbody> </table> <p align="center"><b>Tax Estimator</b></p>		VALUES	2011 Working	2010 Certified	Value Method	Cost/Market	Cost/Market	Number of Buildings	0	0	Depreciated Bldg Value	\$0	\$0	Depreciated EXFT Value	\$0	\$0	Land Value (Market)	\$75,460	\$36,960	Land Value Ag	\$0	\$0	Just/Market Value	\$75,460	\$36,960	Portability Adj	\$0	\$0	Save Our Homes Adj	\$0	\$0	Amendment 1 Adj	\$0	\$0	Assessed Value (SOH)	\$75,460	\$36,960
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<p align="center"><b>SALES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Deed</th> <th style="text-align: center;">Date</th> <th style="text-align: center;">Book</th> <th style="text-align: center;">Page</th> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Vac/Imp</th> <th style="text-align: center;">Qualified</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">WARRANTY DEED</td> <td style="text-align: center;">08/2010</td> <td style="text-align: center;">07431</td> <td style="text-align: center;">1508</td> <td style="text-align: center;">\$115,000</td> <td style="text-align: center;">Vacant</td> <td style="text-align: center;">Yes</td> </tr> </tbody> </table> <p align="center">Find Sales within this DOR Code</p>	Deed	Date	Book	Page	Amount	Vac/Imp	Qualified	WARRANTY DEED	08/2010	07431	1508	\$115,000	Vacant	Yes	<p align="center"><b>2010 VALUE SUMMARY</b></p> <p align="right">2010 Tax Bill Amount: \$680</p> <p align="center">2010 Certified Taxable Value and Taxes</p> <p align="center">DOES NOT INCLUDE NON-AD VALOREM ASSESSMENTS</p>																							
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ACREAGE	0	0	1.540	49,000.00	\$75,460																																	
<p><small>NOTE: Assessed values shown are NOT certified values and therefore are subject to change before being finalized for ad valorem tax purposes.          **** If you recently purchased a homesteaded property your next year's property tax will be based on Just/Market value.</small></p>																																						

FEB 22 2011



**APPLICATION FOR SUBDIVISION PLAN REVIEW**  
 SEMINOLE COUNTY GOVERNMENT  
 DEVELOPMENT REVIEW DIVISION  
 1101 EAST FIRST STREET  
 SANFORD FL 32771-1468  
 (407) 665-7331

**APPLICANT INFORMATION**

APPLICANT: Jack Reynolds	CONTACT:
ADDRESS: 312 Forest Ave	
CITY: Altamonte Springs	STATE: Fl ZIP: 32701
PHONE: 407-262-9176	FAX: 407-262-9170 EMAIL: jackreynolds@embarqmail.com

**CONSULTANT INFORMATION**

ENGINEER/SURVEYOR: Tannath Design, Inc.	CONTACT: Bryan Potts, P.E.
ADDRESS: 2494 Rose Spring Dr.	
CITY: Orlando	STATE: Fl ZIP: 32825
PHONE: 407-982-9878	FAX: 407-206-1425 EMAIL: bpotts@tannathdesign.com

**OWNER INFORMATION**

OWNER'S AUTHORIZATION ATTACHED: YES  NO

OWNER: Oakwood Construction & Development	CONTACT: Michael Towers
ADDRESS: 754 Fleet Financial Ct.	
CITY: Longwood	STATE: Fl ZIP: 32750
PHONE: 407-834-2557	FAX: EMAIL: towers@fleetfinancial.net

**SUBDIVISION INFORMATION**

<http://www.seminolecountyfl.gov/pd/devrev/subdivsummary.asp>

PARCEL ID #: 01-21-29-300-005B-0000
PROJECT NAME: <u>The Preserve at Island Lake</u>
DESCRIPTION OF PROJECT: 12 lot residential subdivision
LOCATION: North end of Sunniland Ave
NUMBER OF LOTS: 12 TOTAL ACREAGE: 10.68
ZONING: R1-AA FUTURE LAND USE: R1-AA

**UTILITIES**

WATER PROVIDER: City of Altamonte	SEWER PROVIDER: septic systems
IS PROPERTY SERVED BY WELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS PROPERTY SERVED BY SEPTIC? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	FEE ATTACHED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

**ARBOR**

ARE ANY TREES BEING REMOVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ARBOR PERMIT APPLICATION ATTACHED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

11-05500002

**FEEES**

[http://www.seminolecountyfl.gov/pd/planreview\\_calc.asp](http://www.seminolecountyfl.gov/pd/planreview_calc.asp)

- DEVELOPMENT PLAN --- \$250.00 + \$5.00 PER LOT
- PRELIMINARY PLAN --- \$1,000.00 + \$15.00 PER LOT (\$2,270.00 MAXIMUM FEE WITH 1<sup>ST</sup> SUBMITTAL)
- FINAL ENGINEERING PLAN --- \$3,500.00 + \$25.00 PER LOT (\$5,300.00 MAXIMUM FEE WITH 1<sup>ST</sup> SUBMITTAL)
- FINAL PLAT --- (FEE SHOULD BE PAID WITH FINAL ENGINEERING), IF NO ENGINEERING NEEDED \$1,750.00 + \$25.00 PER LOT (NOTE: IF FINAL ENGINEERING IS ALREADY PAID, \$200.00 EACH SUBMITTAL)
- MINOR PLAT ---- \$1,000.00 + \$75.00 PER LOT (MAXIMUM 4 LOTS/RESIDENTIAL – MAXIMUM 2 LOTS/COMMERCIAL)

**CONCURRENCY REVIEW MANAGEMENT SYSTEM: (Please check one.)**

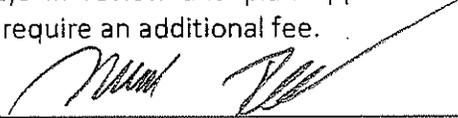
<http://www.seminolecountyfl.gov/pd/devrev/concurrency.asp>

I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Engineering Submittal. (Minor Plat and Final Engineering require Concurrency Test Review.) I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.

I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)  
 Vesting Certificate/Test Notice Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Concurrency Application and appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the development order and full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management Monitoring System.

I understand that the application for subdivision plan review must include all required submittals as specified in Chapter 35, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

Applicant's Signature:  Date: 2-27-11

OFFICIAL USE	
PROJECT #:	PLANNER ASSIGNED: